

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/018963** FILING DATE **21 JUL 2002**
APPLICANT(S) **WU**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/	/					53						
4	/	/					54						
5	/	/					55						
6	/	/					56						
7	/	/					57						
8	/	/					58						
9	/	/					59						
10	/	/					60						
11	/	/					61						
12	/	/					62						
13	/	/					63						
14	/	/					64						
15	/	/					65						
16	/	/					66						
17	/	/					67						
18	/	/					68						
19	/	/					69						
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28	/	/					78						
29	/	/					79						
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31	/	/					81						
32							82						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	21						TOTAL DEP.						
TOTAL CLAIMS	31						TOTAL CLAIMS						